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са привременим седиштем у Косовској Митровици
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Научни скуп са међународним учешћем
„УНИВЕРЗАЛНО И ОСОБЕНО У ПРАВУ“

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ПРАВНИ ФАКУЛТЕТ



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Оригиналан научни рад

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CONTEMPORARY TRENDS AND CHALLENGES OF THE CURRENT SYSTEM OF MANAGING AND FINANCING THE PUBLIC HEALTHCARE SYSTEM OF THE REPUBLIC OF MACEDONIA

Summary: The protection and promotion of the public healthcare is a crucial goal of any modern socio-economic community. The role behind an institutional organization of each community is to set up a flexible healthcare system which effectively and efficiently works to harmonize the network of primary, secondary and tertiary health care; as well as public health and emergency healthcare. The aim of this paper is to examine the effectiveness and efficiency of the network at the secondary healthcare level, particularly hospital activity, with emphasis on the hospital healthcare activity in the eastern region of the Republic of Macedonia. Namely, can the method and form of healthcare institutions' management contribute to strengthening the organization or it obstructs achievements in meeting its inherent activities. A part of this paper focuses on the financing of the public healthcare system, as an essential aspect that can promote or hinder the functioning of the entire healthcare system.

Key words: *Public Healthcare, Health Protection, management, legislation, Financial reports*

INTRODUCTION

"The health of the population is not a coincidental situation. It is a central element in the economic productivity of that population [...] Therefore, the use of health care resources should not be understood as an expense or loss, but as an investment into accomplishing better results." - prof. Milton Roemer¹

The health of the population is a crucial segment of every democratic state; hence every state strives to strengthen its health system, improve the health services it offers and to promote public health. Therefore, the use of

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healthcare resources should not be understood as an expense or loss, but as an investment in the individuals in order to help them to achieve better results.

Inevitably, the legislative and executive authorities participate in reforming the national healthcare system and are supposed to help in optimizing the use of the health care resources of the country for the protection and promotion of human health. As a result, the evolution and organization of the health systems directly depends on the socio-economic development of the community. The transitional period in most of the countries on the European continent, especially the transitioning of a number of countries from the post-social system of organization, such as the Republic of Macedonia, imposed a need for reforms several spheres of public life, including healthcare.

CHAPTER 1

1. Institutional and legal framework of the public healthcare system in Macedonia

The way the health care system is organized and managed affects the health of the individual and the population in general. It also has an impact on the abilities and wellbeing of the health care workers. The physical, social, economic, and especially political environments are important determinants of the health of the individual and the community. Governments should strive to establish a national health policy, with strategy and plans, which should help provide primary health care to all people, but would also establish cross-sector cooperation between the public and non-governmental organization, the central and local authorities, as well as between the national and international entities. Social evolution directly affects medical evolution, which requires a functional and efficient health care system. Social advancement directly affects the medical advancement of a society, which is why a functional and efficient health care system is in order. Therefore, the investment in public health is an integral part of the socio-economic development of a community, and its financing is an essential mechanism.

The developed countries have made important conceptual changes in healthcare, including health objectives and changes made to the national legislation as the primary driver of national strategies. As a result, the need to manage the healthcare funds, and the financial and budgetary control of the public healthcare institutions are seen, primarily, as a public responsibility.

There are several phases of development that the healthcare system of the Republic of Macedonia has gone through since the country's independence. The development of the Macedonian healthcare system has been conditioned by many social and intrinsic factors which, to a greater or lesser extent, are dependent on the country's aspirations to join the EU. However, the phases mentioned below should not be taken as an absolute, nor necessarily

perceived through the prism of a set time frame, but only as an orienting indicator that depends on the social and economic factors and, of course, the socio-political priorities of the state. Therefore, the phases outlined below are to a greater or lesser degree limited by the foreign relations strategies and the current challenges faced by Republic of Macedonia in its attempt to join the European Union and closely align its care standards to those of the World Health Organization (WHO)².

- The first development phase of the public health system of the Republic of Macedonia is usually linked to its proclamation of independence in 1991 from the Yugoslav Federation. The established healthcare system and its legislature were a relapse from the Yugoslav state. According to the standards of that system, the health care system, including all aspects of the health care services organization was in the hands of the state. The system relied on its basic ideological premise that every citizen has the right to equal access to health services, and furthermore, the state is responsible for covering all research costs associated with staff training and delivery of services at central and local level.

During this period the health care system was obligatory and financed by the state.

Namely, the system of socialist health care insurance (known as the Bismarck model of health insurance)³ is characteristically funded by the health insurance fund, employee and employer contributions taken out of gross income. These health care contributions into the state fund were paid by all but used by those in need. The state exercised the regulatory and oversight role. Basically, the financing of the health care of the Republic of Serbia is based on this model, as more than 90% of the funds necessary to cover the needs of the compulsory health insurance are taken from the contributions into the compulsory health insurance fund. Precisely, the current financing of the health care system in Serbia has a mixed financing set up, because the funds come from this dedicated fund, as well as the state budget.⁴

The promotion of general health among the populace, disease prevention, as well as financing and subscription to health services are all in the service of the national interest. Therefore, it is no coincidence that in the early 20 century many European countries adopted a national health insurance system. As for the national legal framework, the basic law is the 1991 Health protection law, which nullified the healthcare law in Socialist Republic of Macedonia (Official Gazette of SRM 10/83, 43/85, 50/87, 27/88, 36/89 and

² In 1996 the WHO established a country office to support and improve the Macedonian health care system by aiding it with expertise and technical advice.

³ Svetlana Jovanovic et al. "Health care systems." *Engrami*, vol. 37, 2015, br. 1, pp. 75-82

⁴ *Ibid*

goal. Proper financial controls mean proper control of the adjustment of annual financial plans.

Aside from the previously mentioned functions, these controls should also serve a corrective purpose, more precisely to appear as a corrector of the irregularities in the financial activities at the inter-sectoral and inter-institutional level.

One of the reasons for this budget deficit is the increased number of unemployed people, the aging population and the labor migration to the European countries, which has been increasing in the last decade. Which means that the demographic structure is a key factor for a functioning and financially sustainable health system. The financial control in the social democratic countries guarantees to the individual a right to health care. The state accepts the obligation to provide sufficient, accessible and quality health care. However, the specialized health care and the demand for high-tech services by the citizens exceeds the budgetary and personnel capabilities even in highly developed economies, and in some cases even they face limited-resources problem. Hence, we can freely say that the financials of the current Macedonian health care system and its sustainability are under serious pressure and that the established system is hardly sustainable.

CONCLUSION

Structurally and organizationally, the health care system is one of the most complex social systems. This system depends on the socio-economic, political and social development of a country and is strongly influenced by the social values and applicable regulations, which is why the health infrastructure varies from state to state. The ongoing implementation of a set health policy plays a significant role in the creation of a sustainable health system. The realization of the basic goals (universality, efficiency, fairness, freedom of choice of services and providers) depends on the manner of managing and financing the public health care system. Which means that the modern health systems differ primarily in the methods used for collecting health care funds, as well as in the manner of paying the health care providers. In Macedonia, the state has a pronounced regulatory and supervisory role in the management of the public health system. As a result, finding a competitive management system of public health, alongside a balanced fundraising and financing, are necessary conditions for the successful functioning and upkeep of the Macedonian healthcare system.

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САВРЕМЕНИ ТРЕНДОВИ И ИЗАЗОВИ ПОСТОЈЕЋЕГ СИСТЕМА УПРАВЉАЊА И ФИНАНСИРАЊА ЈАВНОГ ЗДРАВСТВЕНОГ СИСТЕМА РЕПУБЛИКЕ МАКЕДОНИЈЕ

Апстракт: Заштита и промоција јавног здравља јесте важан циљ било које социјално-економске заједнице. Улога која стоји иза институционализоване организације сваке заједнице јесте постављање флексибилног здравственог система, који ефикасно и ефектно ради на усклађивању мреже примарне, секундарне и терцијарне здравствене заштите; као и јавно здравље и хитну помоћ. Циљ овог рада јесте да испита ефектност и ефикасност мреже на нивоу секундарне здравствене заштите, посебно болничну активност са нагласком на болничку заштиту у истом региону Републике Македоније. Наиме, може ли начин рада и форма менаџмента институција јавне здравствене заштите допринети јачању организације или представљати препреку за испуњавање битних активности. Део овог рада се фокусира на финансирање јавног здравственог система као битног аспекта који може подстицати или ометати функционисање целокупног здравственог система.

Кључне речи: *јавно здравље, здравствена заштита, менаџмент, законодавство, финансијски извештаји.*

Рад је предат 30. априла 2018. године, а након мишљења рецензената одлуком одговорног уредника одобрен за штампу.